



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Gerald Cowley, Jason Mason, Sameh Eltomi and Darrell Dechant

Application No.: 09/997,694 Filed Date: November 30, 2001

Confirmation No.: 4739 Group: 1744 Examiner: M. Chorbaji

For: Methods of Using Chlorine Dioxide as a Fumigant

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| CERTIFICATE OF MAILING  |                                     |
|---|-------------------------------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 |                                     |
| on <u>July 31, 2003</u><br>Date   | <u>Jennifer Menard</u><br>Signature |
| <u>Jennifer Menard</u><br>Typed or printed name of person signing certificate   |                                     |

AMENDMENT FEE TRANSMITTAL

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

- ☐ Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- ☐ A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

| (COL. 1)                                  |                                  | (COL. 2) |                                 | (COL. 3)      | SMALL ENTITY |            | OR      | OTHER THAN SMALL ENTITY |            |
|---|----------------------------------|----------|---------------------------------|---------------|--------------|------------|---------|-------------------------|------------|
|   | CLAIMS REMAINING AFTER AMENDMENT |          | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE         | ADDIT. FEE |         | RATE                    | ADDIT. FEE |
| TOTAL                                     | 38                               | MINUS    | 35                              | 3             | X \$9        | \$         | X       | \$18                    | \$ 54      |
| INDEP                                     | 3                                | MINUS    | 3                               | 0             | X \$42       | \$         | X       | \$84                    | \$ 0       |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |                                  |          |                                 |               | + \$140      | \$         | +       | \$280                   | \$         |
|   |                                  |          |                                 |               | TOTAL =      | \$ 0       | TOTAL = | \$                      | 54         |

- \* not fewer than 20  
\*\* not fewer than 3

Please charge Deposit Account No. 50-1935 for the following fees:

|                          |  |             |
|--------------------------|--|-------------|
| <input type="checkbox"/> | Petition for [ ] month Extension of Time | \$ _____    |
| <input type="checkbox"/> | Amendment Fee                            | \$ _____    |
| <input type="checkbox"/> | Other Fees:                              | \$ _____    |
|                          | _____                                    | \$ _____    |
|                          | _____                                    | \$ _____    |
|                          | TOTAL:                                   | \$ <u>0</u> |

A check is enclosed in payment of the following fees:

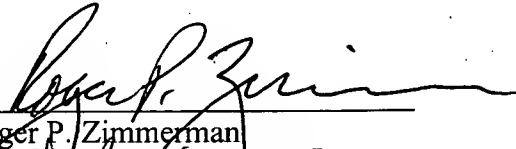
|                                     |  |                  |
|-------------------------------------|--|------------------|
| <input checked="" type="checkbox"/> | Petition for one month Extension of Time | \$ <u>110.00</u> |
| <input checked="" type="checkbox"/> | Amendment Fee                            | \$ <u>54.00</u>  |
| <input checked="" type="checkbox"/> | Other Fees:                              |                  |
|                                     | <u>Thirds Supplemental IDS</u>           | \$ <u>180.00</u> |
|                                     | _____                                    | \$ _____         |
|                                     | TOTAL:                                   | \$ <u>344.00</u> |

☒ A general authorization is hereby granted to charge Deposit Account No. 50-1935 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

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